

INTER-AMERICAN E-BUSINESS FELLOWSHIP PROGRAM HOST COMPANY APPLICATION FORM

Please return this application within two weeks of receipt. If you have any questions, please email us at ebusiness_fellowship@ita.doc.gov, or call Program staff at 202-482-0621.

I. GENERAL INFORMATION

Company Name _____

Coordinator Name and Title _____

Telephone Fax _____

Address _____

E-mail _____

***Note:** Host company will need to complete a separate questionnaire if taking more than one fellow and providing them with different training.*

II. INFORMATION REGARDING FELLOWSHIP OFFERED

A. Training Location _____

B. Number of Fellows _____

C. Please provide a description of the units/divisions in which you propose to place the fellow(s), highlighting the IT or e-business activities to which they would be exposed. Please also note the units/divisions' area of work, how it is structured, and the type of goods and services it provides.

III. QUALIFICATIONS REQUIRED/PREFERRED BACKGROUND OF THE FELLOW

A. Company preferences regarding the size, nature, sector of the organization at which the fellow(s) is/are presently employed.

B. Preferences regarding the fellow's occupation, profession, or technical background.

C. Any additional preferences or a general description of the type of person who would benefit from a fellowship in your company.

VI. TYPE OF TRAINING PROPOSED

Please describe the components of the proposed training activities in as much detail as possible on a weekly basis.

Week 1:

Week 2:

Week 3:

Week 4:

Note: ITA will make every effort to match a fellowship candidate as closely as possible with the profile provided by the US host, but cannot guarantee candidates will match the profile exactly. ITA officials will work with the company fellowship coordinator, ideally providing them with several candidates to review and interview if desired.

A completed form may be returned as an attachment to the Program Officer at ebusiness_fellowship@ita.doc.gov, faxed to 202-482-5865 or mailed to Inter-American E-Business Fellowship Program, Room 3024, U.S. Department of Commerce, 14th and Constitution, NW, Washington, D.C. 20230.

(Please Insert Company Name _____) would like to host (Specify Number of Fellows: _____) for a 4 week e-business fellowship. We understand that as hosts, we would provide local transportation to and from work and any work-related travel beyond the daily transportation to and from the fellow's site. We would also provide equipment and/or supplies necessary for the fellowship.

I understand that the fellows will be provided with a per diem allowance by the Commerce Department intended to cover their meals and some incidental expenses. (Please Insert Company Name: _____) will not be required or expected to cover the fellows daily living expenses.

Signature of Designated Official Representative of Company

Printed Name of Designated Official Representative of Company

Date